

UNIT STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL CONS. COMMISSION  
SUBMIT IN TRIPLIC  
(Other instructions on  
reverse side)  
Artesia, NM 88210

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 20356

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

7. FARM OR LEASE NAME

Federal

8. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 10, T 15S, R 28E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

J. E. Hammonds

3. ADDRESS OF OPERATOR

P. O. Box 1714, El Dorado, AR 71730

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3595.2 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Set surface casing

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any  
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-  
nent to this work.)\*

Spud date 2-29-84

Set 8 5/8" - 23# Casing set in 12 1/4" hole at 310' and cemented with  
150 sacks cement, circulated to surface on 3-1-84.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Agent for J.E. Hammonds DATE 3-5-84

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

PETER W. CHESTER

MAR 28 1984

See Instructions on Reverse Side